MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/542283 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/					51						
2		/		/				52						
3		2		/				53						
4		0		/				54						
5	/		/					55						
6		/		/				56						
7		2		/				57						
8		0		/				58						
9		0		/				59						
10				/				60						
11				/				61						
12								62						
13								63						
14								64						
15								65						
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42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2		2					TOTAL IND.						
TOTAL DEP.	9		9					TOTAL DEP.						
TOTAL CLAIMS	11		11					TOTAL CLAIMS						

PTO - 1360 (REV. 11/91)